



Patent
VM7031422003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Hassan Mostafavi

Serial No.: 10/656,063

Filed: September 5, 2003

For: SYSTEMS AND METHODS FOR
PROCESSING X-RAY IMAGES

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) Group Art Unit: Not Yet Assigned
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) Examiner: Not Yet Assigned
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POWER OF ATTORNEY TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir,

Transmitted herewith is Prosecution of Assignee and Power of Attorney under 37
C.F.R. §3.71 (2 pp.) for the above-identified application.

Respectfully submitted,
BINGHAM McCUTCHEN LLP

Dated: 1/7/04

By: *Gerald Chan*
Gerald Chan
Reg. No. 51,541

BINGHAM McCUTCHEN LLP
Three Embarcadero, Suite 1800
San Francisco, CA 94111-4067
(650) 849-4400

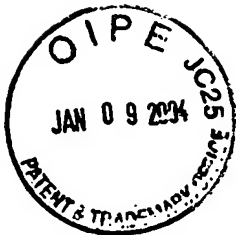
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Carolyn Tobias
Name of Person transmitting Paper

Carolyn Tobias



Patent
2018721-VM7031422003

**POWER OF ATTORNEY
By Assignee**

Varian Medical Systems Technologies, Inc., assignee(s) of the application for United States Letters Patent for an improvement in

SYSTEMS AND METHODS FOR PROCESSING X-RAY IMAGES
Hassan Mostafavi

the specification of which:

- ☒ is filed herewith, OR
☐ was filed on _____, having U.S. Patent Application Serial No.

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by:

Customer Number 23639

and

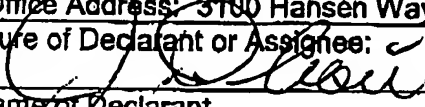
Joseph B. Phair of VARIAN MEDICAL SYSTEMS TECHNOLOGIES, INC.

Please direct all inquiries to **Peter C. Mel**, at the above Customer Number.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☒ is filed for recordation herewith; or
☐ was recorded at Reel _____, Frame _____; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: <u>Varian Medical Systems Technologies, Inc.</u>	
Post Office Address: <u>3100 Hansen Way, Palo Alto, California 94304-1038</u>	
Signature of Declarant or Assignee: 	Date: <u>9/5/03</u>
Full Name of Declarant	
If Other Than Assignee: <u>Joseph B. Phair</u>	
Title of Declarant: <u>Secretary</u>	
Address of Declarant: <u>3100 Hansen Way, Palo Alto, California 94304-1038</u>	